

## Defined Contribution Risk Adjuster Board Minutes

State Office Building Room 3112

*Approved*

December 20, 2011

Attendees: Dave Jackson, *First West Benefit Solutions*; Tanji Northrup, *UID*; Nancy Askerlund, *UID*; Mark Brown, *SelectHealth*; Perri Babalis, Utah Attorney General; John Borer, *PEHP*; Sue Watson, *OCHS*; Patty Connor, *OCHS Director*; Jill Goodmansen, *OCHS*; Norman Thurston, *State*; Jim Murray, *SelectHealth*; Paul Anderton, *UID*; Frank Kyle, *Altius*; Don Garlitz, *bSwift*; Gabriela Benitez, *GBS Benefits*; Chantel Nate; Capitol Hill Adv.; Shelley Braun, *UHP*; Shyam Koly, *Milliman*

Jim Pinkerton, *Regence* (via telephone); Kim Miller, *UHC* (via telephone); Lucy Feldkercher, *HealthEquity* (via telephone); Dane Eppler, *HealthEquity* (via telephone); Michael Peterson; *Utah Health Insurance Association* (via telephone)

- I. Meeting called to order at 1:11 p.m.
- II. Changes in spacing to the meeting minutes from 11/22/2011.
- III. Patty Conner from OCHS gave an update regarding the Exchange
  - a. Patty sent out an urgent request to board members. Identified issue with billing for renewal groups for January. Billed in advance for the month of coverage. Some groups billed twice in the month of December (once for December and once for January). UHC and SelectHealth are okay for those groups who changed their billing cycle to the current month of coverage or the grace period to remain that way after they renew. Have not heard back yet from Regence. Will have to work through with the groups renewing as at least 1 group has reported the problem. Jim Pinkerton will get a response today but will assume Regence is okay with this change as well. OCHS will add to Retrospective.
  - b. Exchange Counts
    - i. Completed January enrollments. Some groups still finishing up process. There were 45 of 46 January groups that will be renewing for 2012. Only group not renewing is going out of business. Had 75 groups go through enrollment process and 20 enrolled. Continuing to identify why groups are not joining the Exchange and get participation up. Currently there are 225 groups 5513 covered lives 1909 employees. The average defined contribution amount is \$443. 25% of groups did not have group health coverage prior to joining the Exchange. 11 groups renewing for February 1. Working through enrollment process. Will finalize numbers, may not be till 1/1. Jim Pinkerton stated these numbers surpassed Massachusetts numbers for covered lives.
  - c. Priorities for 2012 – Last week OCHS invited all technology partners to town. Also met with Cognosante for an interview with as is solution. Bswift, eHealthApp, and HealthEquity in town, talked about priorities for 2012. Currently 31 on the list. Just touching on a few of them.

- i. Introduce producer tool for rates and defined contribution. Introduce in phases to test. Help producer to find a plan best fit for an employee. Looks at price and value. Instead of comparing what they are currently enrolled in. Due end of January. Will provide feedback at a later time. Received feedback from broker round table on what would help them instead of looking at so many rates.
  - ii. Capture group size info – Sue is currently doing this manually on Exchange website today. Will add to the application process.
  - iii. Automate renewal process – Will be part of subcommittee meetings. Vendors will allow us to automate this process. Not sustainable process we are doing now. Huge opportunity to make this better and simpler.
  - iv. Capture employer and broker information and provide to carriers
  - v. Better process for LSE, Cobra, new hires. All have to go back to carriers for underwriting.
  - vi. Upload supporting documents up front to carriers to do underwriting timely.
  - vii. Carrier communication workflow. Wish list from carriers to allow us to improve with bswift and eHealthApp.
  - viii. Put in more decline reasons for groups
  - ix. Dependents adding – how to get individual risk factor timely and how each carrier to get us this timely.
  - x. Wage and tax form – Creating examples and help desk tools.
  - xi. Agent of record change process – Process is complex. 5 or 6 different scope documents. Broker has applications in eHealthApp and can't have duplicate records for different producers. Bswift does not deal with this outside of the Exchange. This is a 2012 solution for OCHS and vendors. Can't do program changes until full scope is met. Impacts all 3 vendors.
  - xii. Reporting dashboard enhancements
  - xiii. Creating padlock for new groups – Groups being submitted after deadline. Working on process for stopping this
  - xiv. User friendly demo updates – (i.e. address changes...)
  - xv. Single sign on – Currently scoping this out between technology partners.
  - xvi. Spanish versions of applications and system help
  - xvii. Medicare Secondary Payer Rates
  - xviii. User guides and operation guides to tie in with all including carriers
  - xix. Call center effectiveness – Always identifying process improvements of calls that have come in.
  - xx. Individual market
- d. Norm Thurston stated Priorities on non-group market are Medicare, Medicaid, individual. Asked all to review the hand out and let Norm know if something is missing. Wanted to make sure board members were aware of this and help all to understand and what information is relevant. #3 particularly important for board members.
- e. Working on Grant the end of December. Individual market and APCD and risk adjustment process will be included in grant.
- f. Marketing and outreach
- g. Technology Enhancements for defined contribution market
- h. Quality Transparency Tool

#### IV. Mark Brown with SelectHealth

##### a. Risk Adjustment & Premium Allocation subcommittee report

- i. Met to talk about using the APCD, changes to the rating methodology and risk adjustment to make it scalable. Determining using APCD as a source for providing rates by 2013 is not feasible. Still know a better process is needed. Norm will continue to work with Keely regarding data and sample reports for UHC and Regence had questions on their report. Need to be sharing observations and concerns. Each individual carrier doing their own rates. Kim Miller brought up they were waiting to get information from Tanji on results of reporting. Tanji is still working on getting this information. Working with Patty to put in format so all carriers can evaluate without giving all carrier information out to all. Estimated target date is right after the first of the year. Mark Brown stated the process will take a number for weeks to review. Paul stated HHS coming out with own risk adjustment guidelines. Brought up idea of possible project management team to come up with solution.

#### V. Kim Miller with United HealthCare

##### a. Underwriting Subcommittee Report

- i. Will be reviewing final risk factor for April during subcommittee meeting tomorrow. Owe back to John by the end of the month.
- ii. Feedback from OCHS regarding domestic partners. Some carriers offer choice to offer coverage to domestic partners as long as all employees are included. 2 of 3 carriers do this today outside the Exchange. Brought up to 3<sup>rd</sup> carrier that does not do this now. Dave Jackson stated large groups are all offered this option. Rates typically show as a spouse. Patty Conner stated this can be established on the Exchange and the employer can set the rules. Limited to 1 domestic partner. Still talking about it as a subcommittee. Mark Brown asked rules set up before RAB votes. Kim will bring back a recommendation to RAB.
- iii. Small employers (2-50) sometimes have employees under a union in a union health plan. Employer could be paying 2 separate health plans. For those groups that have union groups that are not eligible for the Exchange and employees that have a non-bargaining agreement could be eligible for the Exchange. Motion to consider groups with employees in collective bargaining agreement eligible provided groups submits several pieces of documentation. Wage and tax with U next to all union groups, bargaining agreement. This is just for the participation of the group eligibility. Currently receiving applications for groups employing no more than 50 employees. Employer maintaining separate union benefit plans. Not

include those employees covered under a bargaining agreement. Employer still paying premiums but do not manage benefits. Receive a collective bargaining agreement for groups that have union employees. Union employees are not eligible and should not be set as valid waivers. Kim Miller will send a recommendation to the legal subcommittee to review along with the following: Whether or not to offer coverage to large groups who meet the qualifications as a small group after the union employees are removed. Will discuss tomorrow and send to John Borer. Wants to make this consistent with what is in the traditional market.

- VI. Dave Jackson with FirstWest Benefits
  - a. Marketing Subcommittee Report
    - i. No Update.
- VII. John Borer with PEHP
  - a. Legal Subcommittee
    - i. No Update
- VIII. Tanji Northrup from Department of Insurance
  - a. No Update
- IX. Perri Babalis with Utah Attorney General
  - a. Open Public Meeting Act
    - i. Looking at this further. Whether or not subcommittees needed to comply with the open meetings act. If a quorum is not present, the open meetings act does not apply. RAPA subcommittee there is usually a quorum. If no quorum, no public notice and agenda is needed.
- X. Next Meeting will be January 24, 2012 at 1:00 pm
- XI. Meeting adjourned at 2:55 p.m.